

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION (ROCKFORD)				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Congine, Kerrie E			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-1014			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):		
Street Address of Debtor (No. and Street, City, and State): 3921 Shenandoah Drive Crystal Lake, IL			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP CODE 60012			ZIP CODE		
County of Residence or of the Principal Place of Business: McHenry			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): 3921 Shenandoah Drive Crystal Lake, IL			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE 60012			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					THIS SPACE IS FOR COURT USE ONLY
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Kerrie E Congine	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div> X /s/ Melissa J. Sedlacek Melissa J. Sedlacek </div> <div style="text-align: right;"> 11/9/2015 Date </div> </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: right; margin-right: 100px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right; margin-right: 100px; margin-top: 20px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Kerrie E Congine****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Kerrie E Congine
Kerrie E Congine**X** __________
Telephone Number (If not represented by attorney)11/9/2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____
(Signature of Foreign Representative)_____
(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ Melissa J. Sedlacek
Melissa J. SedlacekBar No. **6297868****WAGNER & WAGNER**
960 Route 22, Suite 210
PO BOX 23
Fox River Grove, IL 60021Phone No. (847) 639-1800 Fax No. (847) 516-032511/9/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual_____
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Document Page 4 of 57
 B 1D (Official Form 1, Exhibit D) (12/09) **UNITED STATES BANKRUPTCY COURT**
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)

In re: **Kerrie E Congine**

Case No. _____

(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
 CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)**

In re: **Kerrie E Congine**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Kerrie E Congine
Kerrie E Congine

Date: 11/9/2015

In re **Kerrie E Congine**

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Single Family Residence 3921 Shenandoah Drive, Crystal Lake, IL 60012. Purchased home March 2013 for \$175,000. Value source 2014 tax bill.	Fee Simple	-	\$168,158.32	\$162,286.77

Total: **\$168,158.32**
(Report also on Summary of Schedules)

In re **Kerrie E Congine**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Home State Bank Checking Account	-	\$100.00
		USAA Federal Savings Bank Savings Account	-	\$0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.	X			
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	-	\$100.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.		Hobby equipment	-	\$500.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance - no cash value	-	\$0.00
		Debtor's son's life insurance policy with Country Financial.	-	\$0.00
10. Annuities. Itemize and name each issuer.	X			

In re **Kerrie E Congine**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Debotr has two 401K accounts through employment. Total value = \$7,003.72	-	\$7,003.72
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

In re **Kerrie E Congine**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2014 Kia Sorento with 34,756 miles as of 11/9/15. Value source Kelly Blue Book	-	\$15,849.00

In re **Kerrie E Congine**

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		dog	-	\$0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total >				\$23,552.72

_____ **3** _____ continuation sheets attached
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re **Kerrie E Congine**

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Single Family Residence 3921 Shenandoah Drive, Crystal Lake, IL 60012. Purchased home March 2013 for \$175,000. Value source 2014 tax bill.	735 ILCS 5/12-901	\$5,871.55	\$168,158.32
Home State Bank Checking Account	735 ILCS 5/12-1001(b)	\$100.00	\$100.00
USAA Federal Savings Bank Savings Account	735 ILCS 5/12-1001(b)	\$0.00	\$0.00
Clothing	735 ILCS 5/12-1001(b)	\$100.00	\$100.00
Hobby equipment	735 ILCS 5/12-1001(b)	\$500.00	\$500.00
Debtor has two 401K accounts through employment. Total value = \$7,003.72	735 ILCS 5/12-1006	\$7,003.72	\$7,003.72
2014 Kia Sorento with 34,756 miles as of 11/9/15. Value source Kelly Blue Book	735 ILCS 5/12-1001(c)	\$2,400.00	\$15,849.00
		\$15,975.27	\$191,711.04

* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re **Kerrie E Congine**

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: 52850080xxx Chase PO BOX 901003 Columbus, OH 43224	-	DATE INCURRED: 5/2013 NATURE OF LIEN: Purchase Money COLLATERAL: 2014 Kia Sorento REMARKS: VALUE: \$15,849.00				\$15,833.23	
ACCT #: 9733072 Stearns Lending, Inc. PO BOX 8068 Virginia Beach, VA 23450	-	DATE INCURRED: 03/2013 NATURE OF LIEN: Fee Simple COLLATERAL: 3921 Shenandoah Dr, Crystal Lake, IL 60012 REMARKS: Single Family Residence. Value source 2014 tax bill. VALUE: \$168,158.32				\$162,286.77	
Representing: Stearns Lending, Inc.		Loancare Servicing Ctr 3637 Sentara Way Virginia Beach, VA 23452				Notice Only	Notice Only
Subtotal (Total of this Page) >						\$178,120.00	\$0.00
Total (Use only on last page) >						\$178,120.00	\$0.00

 No continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6E (Official Form 6E) (04/13)

In re **Kerrie E Congine**

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

 No continuation sheets attached

In re **Kerrie E Congine**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 27078 A R Concepts Inc. 18-3 E Dundee Rd, STE 330 Barrington, IL 60010	-	DATE INCURRED: CONSIDERATION: Collecting for - REMARKS: Collecting for V.A.S.C. Anesthesia, LTD. - medical bill				\$183.60
ACCT #: 24452 Algonquin Road Surgery Center 2550 W. Algonquin Rd. Lake in the Hills, IL 60156	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS: Medical bill				\$3,945.03
ACCT #: 636851083PA0xxxx American Education/Wells Fargo PO BOX 61047 Harrisburg, PA 17106	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS: student loan				\$8,493.00
ACCT #: 58..... Avant Inc. 640 N. LaSalle St. Chicago, IL 60654	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS:				\$3,858.00
ACCT #: 87204xxx Bank of America 1800 Tapo Canyon Rd Simi Valley, CA 93063	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS: mortgage \$0 balance as of 5/2014				\$0.00
ACCT #: 5178-0597-8271-5800 Capital One Bank PO BOX 6492 Carol Stream, IL 60197	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,031.70
Subtotal >						\$18,511.33
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Kerrie E Congine**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Capital One Bank		Capital One Bank USA NA PO BOX 30281 Salt Lake City, UT 84130				Notice Only
ACCT #: B620003854350001 Centegra Hospital - McHenry PO BOX 7701 Carol Stream, IL 60197	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS: Medical bill				\$531.10
ACCT #: Comprehensive Urologic Care SC 22285 Pepper Rd. Ste 201 Lake Barrington, IL 60010	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS:				\$145.56
ACCT #: 115899239 Enhanced Recovery Corporation PO BOX 57547 Jacksonville, FL 32231	-	DATE INCURRED: CONSIDERATION: Collecting for - REMARKS: Original Creditor: Sprint				\$443.00
ACCT #: 5870600 H & R Accounts Inc 7017 John Deere Pkwy Moline, IL 61265	-	DATE INCURRED: CONSIDERATION: Collecting for - REMARKS: Centegra Health Bridge - Crystal Lake				\$198.00
ACCT #: x9288 Kinex Medical Company, LLC BIN 88112 Milwaukee, WI 53288	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS:				\$500.00
Subtotal >						\$1,817.66
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 1 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **Kerrie E Congine**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 061-9704-273 Kohl's Payment Center PO Box 2983 Milwaukee, WI 53201	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$956.66
ACCT #: 639305045429xxxx Kohls/Cap One PO BOX 3115 Milwaukee, WI 53201	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT #: 639305061970xxxx Kohls/Cap One PO BOX 3115 Milwaukee, WI 53201	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$956.00
ACCT #: 5049-9060-3710-1276 PayPal Credit PO BOX 105658 Atlanta, GA 30348	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,527.39
ACCT #: 1761681010 Rockford Orthopedic Associates Crystal Lake Orthopedics BOX 78620 Milwaukee, WI 53278	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS: Medical bill				\$333.98
Representing: Rockford Orthopedic Associates		Creditors Protection Svc 202 W. State St. Ste 300 Rockford, IL 61101				Notice Only
Sheet no. <u>2</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$3,774.03
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

In re **Kerrie E Congine**Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: -29579208 Springleaf 4005 W. Kane Ave. Ste M McHenry, IL 60050	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS:				\$11,851.00
Representing: Springleaf		Springleaf Financial Ser PO BOX 59 Evansville, IN 47701				Notice Only
ACCT #: 771413022278xxx SYNCB/SAMS CLUB PO BOX 965005 Orlando, FL 32896	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$0.00
ACCT #: T02 42660 Tri-County Emergency Physician PO BOX 98 Barrington, IL 60011	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS: Medical bill				\$23.51
Representing: Tri-County Emergency Physician		Medical Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068				Notice Only
ACCT #: UAA-15013065 United Anesthesia Associates SC PO BOX 631 Lake Forest, IL 60045	-	DATE INCURRED: CONSIDERATION: Arrearage REMARKS: medical bill				\$144.17
Subtotal >						\$12,018.68
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 3 of 4 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 5491-2372-5878-4985		DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$15,053.00
USAA Credit Card Payment 10750 McDermott Fwy San Antonio, TX 78288						
Representing: USAA Credit Card Payment		USAA Savings Bank PO BOX 33009 San Antonio, TX 78265				Notice Only
ACCT #: 84757xxxxx		DATE INCURRED: CONSIDERATION: Arrearage REMARKS:				\$0.00
Volkswagon Credit Inc PO BOX 3 Hillsboro, OR 97123						
ACCT #: 6032-2014-6301-6447		DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$438.59
WAL-MART PO BOX 530927 Atlanta, GA 30353						
Representing: WAL-MART		Synchrony Bank/Walmart PO BOX 965024 Orlando, FL 32896				Notice Only
Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$15,491.59
						Total > \$51,613.29

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Kerrie E Congine**

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Kerrie	E	Congine
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Building Automation Technician****Employer's name****Advocate Sherman Hospital****Employer's address****1425 N Randall Rd**

Number Street

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Number Street

Elgin

City

IL

State

60123

Zip Code

City

State Zip Code

How long employed there? **4 years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$5,889.67	
3. Estimate and list monthly overtime pay.	+ \$0.00	
4. Calculate gross income. Add line 2 + line 3.	\$5,889.67	

Debtor 1 **Kerrie** **E** **Conline** Case number (if known) _____
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$5,889.67	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$1,163.95	
5b. Mandatory contributions for retirement plans	5b. \$269.97	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: <u>See continuation sheet</u>	5h. + \$1,484.72	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$2,918.64	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,971.03	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: <u>VA Disability Income</u>	8h. + \$463.75	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$463.75	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$3,434.78 + _____ = \$3,434.78	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$3,434.78 Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Debtor 1 **Kerrie** **E** **Conline** Case number (if known) _____
First Name Middle Name Last Name

5h. Other Payroll Deductions (details)

	For Debtor 1	For Debtor 2 or non-filing spouse
<u>health insurance</u>	<u>\$895.07</u>	<u> </u>
<u>disability</u>	<u>\$86.91</u>	<u> </u>
<u>life insurance</u>	<u>\$12.31</u>	<u> </u>
<u>other</u>	<u>\$490.43</u>	<u> </u>
Totals:	<u>\$1,484.72</u>	<u> </u>

Fill in this information to identify your case:

Debtor 1	Kerrie	E	Congine
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>daughter</u>	<u>13</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>son</u>	<u>8</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

	Your expenses
4.	<u>\$1,384.00</u>
4a.	_____
4b.	_____
4c.	<u>\$55.00</u>
4d.	<u>\$20.00</u>

Debtor 1 **Kerrie** **E** **Conline** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$276.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$20.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$200.00</u>
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	<u>\$400.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$30.00</u>
10. Personal care products and services	10.	_____
11. Medical and dental expenses	11.	_____
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$250.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$24.07</u>
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$66.43</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	<u>\$409.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: <u>school loan repayment</u>	17c.	<u>\$122.75</u>
17d. Other. Specify: <u>water softener rental</u>	17d.	<u>\$64.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____
21. Other. Specify: <u>Transworld Systems Inc (for Midwest Childrens Heart</u>	21.	+ <u>\$61.10</u>

Debtor 1 **Kerrie** **E** **Conline** Case number (if known) _____
 First Name Middle Name Last Name

- 22. Your monthly expenses.** Add lines 4 through 21.
 The result is your monthly expenses.

22. \$3,382.35

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$3,434.78

23b. Copy your monthly expenses from line 22 above.

23b. -\$3,382.35

23c. Subtract your monthly expenses from your monthly income.
 The result is your monthly net income.

23c. \$52.43

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

None.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)**

In re **Kerrie E Congine**

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$168,158.32	<div><div>\$178,120.00</div><div>\$0.00</div><div>\$51,613.29</div></div>	
B - Personal Property	Yes	4	\$23,552.72		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5			
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			
J - Current Expenditures of Individual Debtor(s)	Yes	3			
TOTAL		21	\$191,711.04	\$229,733.29	

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)**

In re **Kerrie E Congine**

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$3,434.78
Average Expenses (from Schedule J, Line 22)	\$3,382.35
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$6,297.08

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$51,613.29
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$51,613.29

In re **Kerrie E Congine**

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 23 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 11/9/2015

Signature /s/ Kerrie E Congine
Kerrie E Congine

Date _____

Signature _____

[If joint case, both spouses must sign.]

Document Page 30 of 57
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)

In re: **Kerrie E Congine**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$73,754.00	2013 Gross Income
\$54,725.00	2014 Gross Income
\$56,116.25	2015 Gross Income

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$5,076.00	2013 Approximate Gross Income from VA Benefits
\$5,316.00	2014 Approximate Gross Income from VA Benefits
\$5,101.25	2015 Approximate Gross Income from VA Benefits through Jan.- Nov. 2015

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)

In re: **Kerrie E Congine**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 1*

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
WAGNER & WAGNER (75% of fees) 960 RT 22, Suite 210 Fox River Grove, IL 60021	11/9/15	\$1,500.00 for bankruptcy attorney retainer
Hananwill Credit Counseling www.hananwill.com	9/21/15	\$29.00 for pre-filing credit counseling course

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)

In re: **Kerrie E Congine**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 2*

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None
☒

11. Closed financial accounts

None
☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None
☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None
☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None
☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None
☐ If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
3921 Shenandoah Dr., Crystal Lake, IL 60012	Kerrie Congine	March 2013 to present
163 Lakewood Ave., Crystal Lake, IL 60012	Kerrie Congine, Kerrie Helms	Nov. 2004 to March 2013

16. Spouses and Former Spouses

None
☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

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WESTERN DIVISION (ROCKFORD)

In re: **Kerrie E Congine**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 3***17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:



None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.



Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.



If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



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NORTHERN DISTRICT OF ILLINOIS
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In re: **Kerrie E Congine**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 4*

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

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In re: **Kerrie E Congine**

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 5***23. Withdrawals from a partnership or distributions by a corporation**

None

- ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None

- ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None

- ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 11/9/2015Signature /s/ Kerrie E Congine
of Debtor Kerrie E Congine

Date _____

Signature _____
of Joint Debtor
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)

IN RE: **Kerrie E Congine**

CASE NO

CHAPTER **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: American Education/Wells Fargo PO BOX 61047 Harrisburg, PA 17106 636851083PA0xxxx	Describe Property Securing Debt: Arrearage
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Chase PO BOX 901003 Columbus, OH 43224 52850080xxx	Describe Property Securing Debt: 2014 Kia Sorento
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)

IN RE: **Kerrie E Congine**

CASE NO

CHAPTER **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 1

Property No. 3	
Creditor's Name: Stearns Lending, Inc. PO BOX 8068 Virginia Beach, VA 23450 9733072	Describe Property Securing Debt: 3921 Shenandoah Dr, Crystal Lake, IL 60012
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input type="checkbox"/>

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 11/9/2015

Signature /s/ Kerrie E Congine
Kerrie E Congine

Date _____

Signature _____

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)

IN RE: **Kerrie E Congine**

CASE NO

CHAPTER **7****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$2,000.00</u>
Prior to the filing of this statement I have received:	<u>\$2,000.00</u>
Balance Due:	<u>\$0.00</u>

2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify)
3. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify)
4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☒ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
- with Attorney Randall Baudin. See RIDER attached.**
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Adversary Proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/9/2015*Date*/s/ Melissa J. Sedlacek*Melissa J. Sedlacek*

Bar No. 6297868

WAGNER & WAGNER

960 Route 22, Suite 210

PO BOX 23

Fox River Grove, IL 60021

Phone: (847) 639-1800 / Fax: (847) 516-0325

/s/ Kerrie E Congine*Kerrie E Congine*

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**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION (ROCKFORD)**

IN RE: **Kerrie E Congine**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/9/2015

Signature /s/ Kerrie E Congine
Kerrie E Congine

Date _____

Signature _____

A R Concepts Inc.
18-3 E Dundee Rd, STE 330
Barrington, IL 60010

Algonquin Road Surgery Center
2550 W. Algonquin Rd.
Lake in the Hills, IL 60156

American Education/Wells Fargo
PO BOX 61047
Harrisburg, PA 17106

Avant Inc.
640 N. LaSalle St.
Chicago, IL 60654

Bank of America
1800 Tapo Canyon Rd
Simi Valley, CA 93063

Capital One Bank
PO BOX 6492
Carol Stream, IL 60197

Capital One Bank USA NA
PO BOX 30281
Salt Lake City, UT 84130

Centegra Hospital - McHenry
PO BOX 7701
Carol Stream, IL 60197

Chase
PO BOX 901003
Columbus, OH 43224

Comprehensive Urologic Care SC
22285 Pepper Rd. Ste 201
Lake Barrington, IL 60010

Creditors Protection Svc
202 W. State St. Ste 300
Rockford, IL 61101

Enhanced Recovery Corporation
PO BOX 57547
Jacksonville, FL 32231

H & R Accounts Inc
7017 John Deere Pkwy
Moline, IL 61265

Kinex Medical Company, LLC
BIN 88112
Milwaukee, WI 53288

Kohl's Payment Center
PO Box 2983
Milwaukee, WI 53201

Kohls/Cap One
PO BOX 3115
Milwaukee, WI 53201

Loancare Servicing Ctr
3637 Sentara Way
Virginia Beach, VA 23452

Medical Business Bureau
1460 Renaissance Dr
Park Ridge, IL 60068

PayPal Credit
PO BOX 105658
Atlanta, GA 30348

Rockford Orthopedic Associates
Crystal Lake Orthopedics
BOX 78620
Milwaukee, WI 53278

Springleaf
4005 W. Kane Ave. Ste M
McHenry, IL 60050

Springleaf Financial Ser
PO BOX 59
Evansville, IN 47701

Stearns Lending, Inc.
PO BOX 8068
Virginia Beach, VA 23450

SYNCB/SAMS CLUB
PO BOX 965005
Orlando, FL 32896

Synchrony Bank/Walmart
PO BOX 965024
Orlando, FL 32896

Tri-County Emergency Physician
PO BOX 98
Barrington, IL 60011

United Anesthesia Associates SC
PO BOX 631
Lake Forest, IL 60045

USAA Credit Card Payment
10750 McDermott Fwy
San Antonio, TX 78288

USAA Savings Bank
PO BOX 33009
San Antonio, TX 78265

Volkswagon Credit Inc
PO BOX 3
Hillsboro, OR 97123

WAL-MART
PO BOX 530927
Atlanta, GA 30353

A R Concepts Inc.
18-3 E Dundee Rd, STE 330
Barrington, IL 60010

Creditors Protection Svc
202 W. State St. Ste 300
Rockford, IL 61101

Springleaf
4005 W. Kane Ave. Ste M
McHenry, IL 60050

Algonquin Road Surgery Center
2550 W. Algonquin Rd.
Lake in the Hills, IL 60156

Enhanced Recovery Corporation
PO BOX 57547
Jacksonville, FL 32231

Springleaf Financial Ser
PO BOX 59
Evansville, IN 47701

American Education/Wells Fargo
PO BOX 61047
Harrisburg, PA 17106

H & R Accounts Inc
7017 John Deere Pkwy
Moline, IL 61265

Stearns Lending, Inc.
PO BOX 8068
Virginia Beach, VA 23450

Avant Inc.
640 N. LaSalle St.
Chicago, IL 60654

Kinex Medical Company, LLC
BIN 88112
Milwaukee, WI 53288

SYNCB/SAMS CLUB
PO BOX 965005
Orlando, FL 32896

Bank of America
1800 Tapo Canyon Rd
Simi Valley, CA 93063

Kohl's Payment Center
PO Box 2983
Milwaukee, WI 53201

Synchrony Bank/Walmart
PO BOX 965024
Orlando, FL 32896

Capital One Bank
PO BOX 6492
Carol Stream, IL 60197

Kohls/Cap One
PO BOX 3115
Milwaukee, WI 53201

Tri-County Emergency Physician
PO BOX 98
Barrington, IL 60011

Capital One Bank USA NA
PO BOX 30281
Salt Lake City, UT 84130

Loancare Servicing Ctr
3637 Sentara Way
Virginia Beach, VA 23452

United Anesthesia Associates SC
PO BOX 631
Lake Forest, IL 60045

Centegra Hospital - McHenry
PO BOX 7701
Carol Stream, IL 60197

Medical Business Bureau
1460 Renaissance Dr
Park Ridge, IL 60068

USAA Credit Card Payment
10750 McDermott Fwy
San Antonio, TX 78288

Chase
PO BOX 901003
Columbus, OH 43224

PayPal Credit
PO BOX 105658
Atlanta, GA 30348

USAA Savings Bank
PO BOX 33009
San Antonio, TX 78265

Comprehensive Urologic Care SC
22285 Pepper Rd. Ste 201
Lake Barrington, IL 60010

Rockford Orthopedic Associates
Crystal Lake Orthopedics
BOX 78620
Milwaukee, WI 53278

Volkswagon Credit Inc
PO BOX 3
Hillsboro, OR 97123

WAL-MART
PO BOX 530927
Atlanta, GA 30353

Fill in this information to identify your case:				Check one box only as directed in this form and in Form 22A-1Supp:	
Debtor 1	<u>Kerrie</u>	<u>E</u>	<u>Congine</u>		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>					
Case number (if known)	_____				

☐ 1. There is no presumption of abuse.
☒ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A-2).
☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A-1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file the Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$5,833.33</u>	_____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	_____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	_____

Debtor 1

Kerrie**E****Conline**

First Name

Middle Name

Last Name

Case number (if known)

Column A

Debtor 1

Column B

Debtor 2 or
non-filing spouse**5. Net income from operating a business, profession, or farm**Gross receipts (before all deductions) \$0.00Ordinary and necessary operating expenses — \$0.00Net monthly income from a business, profession, or farm \$0.00Copy
here →\$0.00**6. Net income from rental and other real property**Gross receipts (before all deductions) \$0.00Ordinary and necessary operating expenses — \$0.00Net monthly income from rental or other real property \$0.00Copy
here →\$0.00**7. Interest, dividends, and royalties**\$0.00**8. Unemployment compensation**\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00

For your spouse.....

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.\$0.00**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.10a. VA Benefit\$463.75

10b. _____

10c. Total amounts from separate pages, if any.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$6,297.08

+

=

\$6,297.08Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....Copy line 11 here →

\$6,297.08

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b.

\$75,564.96

Debtor 1 **Kerrie** **E** **Congine** Case number (if known) _____
 First Name Middle Name Last Name

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Illinois

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household..... 13.

\$73,516.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.
- 14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.*
Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Kerrie E Congine
Kerrie E Congine

X _____
 Signature of Debtor 2

Date 11/9/2015
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	<u>Kerrie</u>	<u>E</u>	<u>Congine</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF ILLINOIS</u>		
Case number (if known)			

Check the appropriate box as directed in lines 40 or 42:

According to the calculation required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 22A-2

Chapter 7 Means Test Calculation

12/14

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 22A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income..... Copy line 11 from Official Form 22A-1 here → 1. \$6,297.08

2. Did you fill out Column B in Part 1 of Form 22A-1?

- ☒ No. Fill in \$0 on line 3d.
- ☐ Yes. Is your spouse filing with you?
- ☐ No. Go to line 3.
- ☐ Yes. Fill in \$0 on line 3d.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 22A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☐ No. Fill in \$0 on line 3d.
- ☐ Yes. Fill in the information below:

State each purpose for which the income was used
For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

3a. _____

3b. _____

3c. _____

+

3d. **Total.** Add lines 3a, 3b, and 3c.....

\$0.00

Copy total here → 3d. - \$0.00

4. Adjust your current monthly income. Subtract line 3d from line 1.

\$6,297.08

Debtor 1

Kerrie**E****Conigine****Page 50 of 57**

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 22A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 22A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$1,249.00**

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person **\$60.00**

7b. Number of people who are under 65 X **3**

7c. **Subtotal.** Multiply line 7a by line 7b. **\$180.00**

Copy line 7c here →

\$180.00**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person **\$144.00**

7e. Number of people who are 65 or older X

7f. **Subtotal.** Multiply line 7d by line 7e. **\$0.00**

Copy line 7f here →

\$0.00

7g. **Total.** Add lines 7c and 7f.....

\$180.00

Copy total here →

\$180.00

First Name

Middle Name

Last Name

You must use the IRS Local Standards to answer the questions in lines 8-15.

■ **Housing and utilities -- Insurance and operating expenses**

■ **Housing and utilities -- Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

8. Housing and utilities -- Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$525.00

9. Housing and utilities -- Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9a. \$1,816.00

\$1,816.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
Stearns Lending, Inc.	\$1,384.48
+	

9b. Total average monthly payment

\$1,384.48

Copy line 9b
here →

— \$1,384.48

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

9c.

\$431.52

Copy line 9c
here →

\$431.52

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☒ 1. Go to line 12.
- ☐ 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$262.00

Debtor 1

Kerrie**E****Conline**

First Name

Middle Name

Last Name

Case number (if known)

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2014 Kia Sorento

13a. Ownership or leasing costs using IRS Local Standard

13a. \$517.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

Chase\$263.89Copy 13b
here →\$263.89Repeat this
amount on
line 33b.

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

13c. \$253.11Copy net
Vehicle 1
expense
here →\$253.11

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard

13d. _____

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

Copy 13e
here →Repeat this
amount on
line 33c.

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

13f. \$0.00Copy net
Vehicle 2
expense
here →\$0.00

- 14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

- 15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$0.00**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

\$1,145.42

Do not include real estate, sales, or use taxes.

Debtor 1 **Kerrie** **E** **Congine** Case number (if known) _____
 First Name Middle Name Last Name

17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. **\$311.22**

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than term. **\$12.31**

19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. **\$0.00**

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. Education: The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. **\$0.00**

21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. **\$0.00**

22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. **\$363.02**

23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. **+** **\$50.00**

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.

24. Add all of the expenses allowed under the IRS expense allowances. **\$4,782.60**
 Add lines 6 through 23.

Additional Expense Deductions These are additional deductions allowed by the Means Test.
 Note: Do not include any expense allowances listed in lines 6-24.

25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance **\$351.00**

Disability insurance **\$87.72**

Health savings account **+** **\$0.00**

Total **\$438.72** Copy total here → **\$438.72**

Do you actually spend this total amount?

☐ No. How much do you actually spend? _____

☒ Yes

26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. **\$0.00**

Debtor 1 **Kerrie** **E** **Conline** Case number (if known) _____
 First Name Middle Name Last Name

27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00

By law, the court must keep the nature of these expenses confidential.

28. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8. _____

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. _____

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). \$0.00

32. Add all of the additional expense deductions.
 Add lines 25 through 31.

\$438.72

Debtor 1

Kerrie**E****Conline**

Page 55 of 57

Case number (if known)

First Name

Middle Name

Last Name

Deductions for Debt Payment**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Average monthly
payment**

Mortgages on your home:

33a. Copy line 9b here.....→ **\$1,384.48**

Loans on your first two vehicles:

33b. Copy line 13b here.....→ **\$263.89**

33c. Copy line 13e here.....→ **\$0.00**

**Name of each creditor for
other secured debt**

**Identify property that
secures the debt**

**Does payment
include taxes or
insurance?**

33d. _____ ☐ No _____
☐ Yes _____

33e. _____ ☐ No _____
☐ Yes _____

33f. _____ ☐ No **+** _____
☐ Yes _____

33f. Total average monthly payment. Add lines 33a through 33f..... **\$1,648.37**

Copy total
here →

\$1,648.37

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☐ No. Go to line 35.
- ☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	_____ ÷ 60 =	_____
_____	_____	_____ ÷ 60 =	_____
_____	_____	_____ ÷ 60 = +	_____
Total			\$0.00

Copy total
here →

\$0.00

35. Do you owe any priority claims such as a priority tax, child support, or alimony – that are past due as of the filing date of your bankruptcy case?
11 U.S.C. § 507.

- ☒ No. Go to line 36.
- ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... ÷ 60 = **\$0.00**

Debtor 1

Kerrie**E****Congine**

Case number (if known)

First Name

Middle Name

Last Name

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office.

- ☐ No. Go to line 37.
- ☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$52.43

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X 6 %

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$3.15

Copy total here →

\$3.15**37. Add all of the deductions for debt payment.**

Add lines 33g through 36.

\$1,651.52**Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, *All of the expenses allowed under IRS expense allowances*.....**\$4,782.60**Copy line 32, *All of the additional expense deductions*.....**\$438.72**Copy line 37, *All of the deductions for debt payment*..... +**\$1,651.52**

Total deductions

\$6,872.84

Copy total here →

\$6,872.84**Part 3: Determine Whether There Is a Presumption of Abuse****39. Calculate monthly disposable income for 60 months**39a. Copy line 4, *adjusted current monthly income*..... **\$6,297.08**39b. Copy line 38, *Total deductions*..... - **\$6,872.84**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a.

(\$575.76)

Copy line 39c here →

(\$575.76)

For the next 60 months (5 years)..... x 60

39d. **Total.** Multiply line 39c by 60..... 39d.**(\$34,545.60)**

Copy line 39d here →

(\$34,545.60)**40. Find out whether there is a presumption of abuse.** Check the box that applies:

- ☒ **The line 39d is less than \$7,475*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **The line 39d is more than \$12,475*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.
- ☐ **The line 39d is at least \$7,475*, but not more than \$12,475*.** Go to line 41.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Kerrie** **E** **Congine** Case number (if known) _____
 First Name Middle Name Last Name

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 6), you may refer to line 5 on that form.

41a. _____

x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).
 Multiply line 41a by 0.25.

Copy
here →

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
_____	_____
_____	_____
_____	_____
_____	_____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Kerrie E Congine
 Kerrie E Congine

Date 11/9/2015
 MM / DD / YYYY

X _____
 Signature of Debtor 2

Date _____
 MM / DD / YYYY